

Bureau of Health Care Quality & Compliance

PRINTED: 02/10/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4234AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2009
NAME OF PROVIDER OR SUPPLIER ST PAUL HOME CARE II			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 KOENIG ROAD RENO, NV 89506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/29/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental retardation, Category II residents. The census at the time of the survey was 10. Ten resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000			
Y 175 SS=H	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview on 1/29/09, the facility failed to ensure there were no obstacles to exiting the facility for 3 of 10 residents (Resident #1, #2 and #7).	Y 175	RECEIVED MAR 11 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA		OK EB

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X8) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

C. B. B. Brown

3-9-09

STATE FORM

6899

8NNI11

asst. adm.

If continuation sheet 1 of 5

ST. PAUL HOMECARE II
ID NO. NVN 4234AGC

4900 Koenig Road, Reno, NV-89506

Phone: 775-324-0691 Fax No. 775- 324-1220

IN RESPONSE TO ANNUAL SURVEY CONDUCTED ON JANUARY 29, 2009

Y175 449.209(4)(b) Health and Sanitation-Hazards

All door knobs from the resident rooms, resident bathrooms, door at the top of the stairs, and all doors from the lower level had been replaced with single motion door knob. As per attachment # 1 is hereto be submitted. *ND*

The administrator will ensure that the premises of the St. Paul Home Care must be kept free from hazard and obstacles that impede the free movement of all residents within and outside the facility. Administrator will monitor continued compliance for safety hazards.

Y178 449.209(5) Health and Sanitation-Maintain Int. / Ext

The missing tiles from the lower level bathroom had been replaced and all lightings are operational as per attachment # 2 is hereto be submitted. *OK DB*

The administrator will ensure daily cleanliness of all areas of the facility and will monitor for compliance.

Y 320 449.220 (1) Bedroom Doors – Locks

The door knob from the master bedroom and lower level had been replaced can be opened even without a key or any special knowledge. The administrator will monitor for continued compliance. *OK DB*

Y353 449.222(3) Bathrooms and Toilet Facilities

Grab bars on the lower level bathroom had been installed as per attachment #3. The administrator will monitor for compliance. *OK DB*

Y356 449.222(6) Bathrooms and Toilet Facilities

The door knob of the resident bathroom lower level had been changed to single motion locks as per attachment # 4. The administrator will monitor for continued compliance. *OK DB*

Y859 449.274(5) Periodic Physical Examination of Resident.

Resident#5 had been admitted to Senior Bridges on that night of the survey and Resident #4 had physician statement but not on file at the time of survey. Resident files will be reviewed every 6 months to ensure resident files are updated and resident files checklist will utilized for continued compliance. As per attachment #5 is hereto be submitted. *DB OK*